

STBBI Epidemiology Update

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Pronouns: She/her/hers

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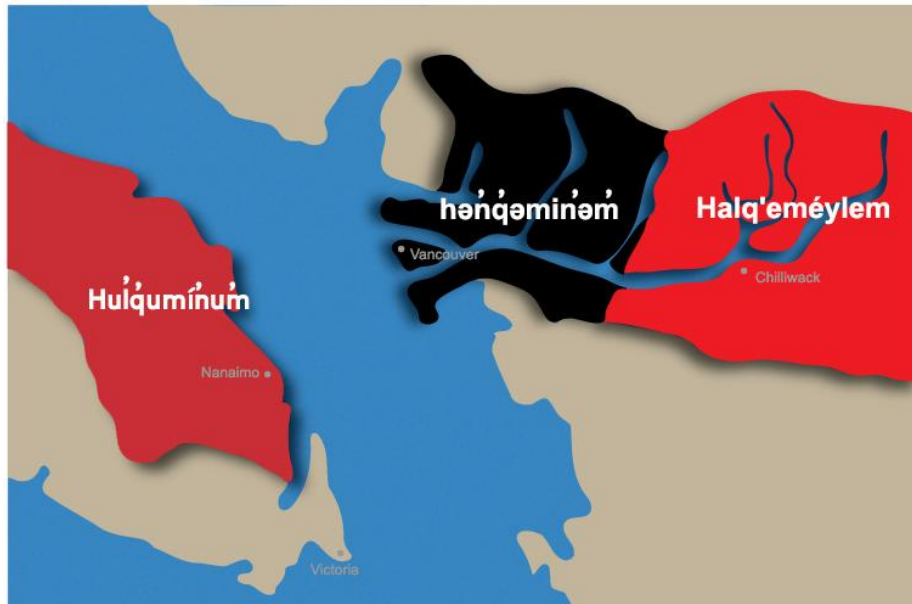
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Slides courtesy of BCCDC Clinical Prevention Services Epidemiology & Surveillance Team

ʔəy sweyəl (good day)



I humbly acknowledge that I am a white occupier of mixed European descent residing on the unceded, ancestral, & continually occupied territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and sel̓ilwítulh (Tsleil-waututh) Nations.



Outline

Summary of key trends

Zoom in on epidemiology in BC of:

- ✓ *Gonorrhea*
- ✓ *Chlamydia*
- ✓ *Syphilis*
- ✓ *HIV*
- ✓ *Hep C*

Questions and Discussion





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Data presented from BCCDC CPS 2026Q2 (June 30, 2026) provincial STBBI dashboard*

https://reporting.bccdc.ca/stbbi_tb_surveillance_report/

**2026Q2 Data preliminary and subject to
change. Report last updated August 25, 2026*

2025-26 Key Trends

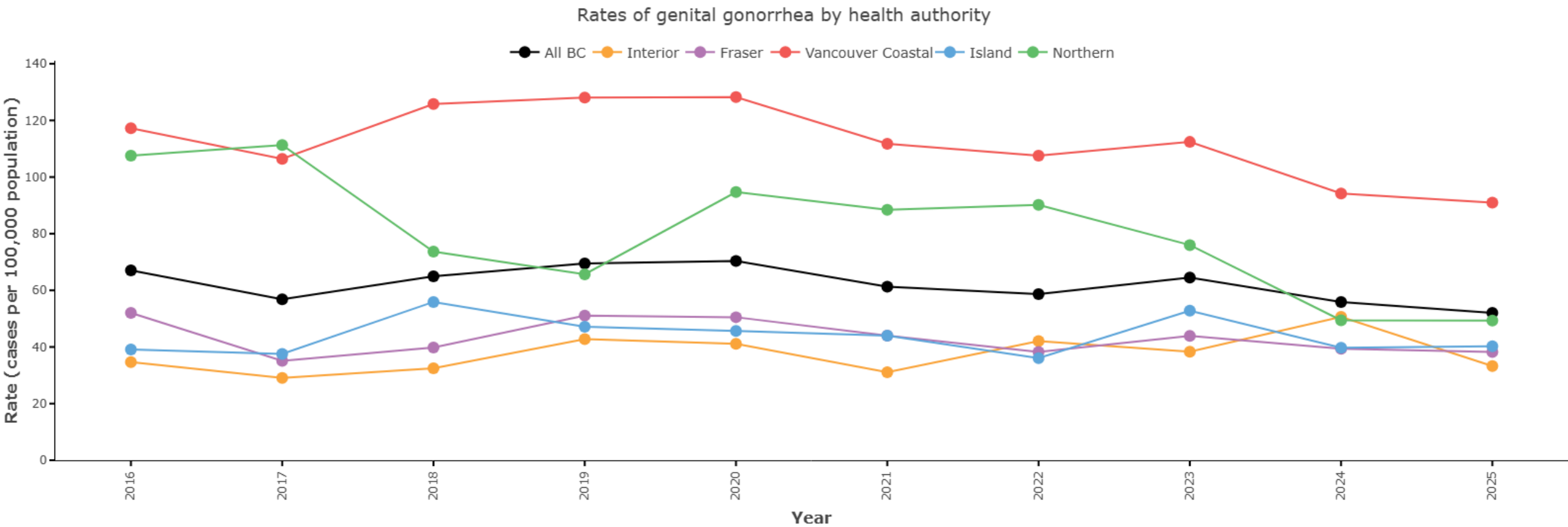
Disease	Key Trend
Gonorrhea	<ul style="list-style-type: none">Genital gonorrhea (GC) rate shows moderately declining trend since peak in 2020 of 70.34 cases per 100,000 population, falling by 25% by 2025Extra-genital GC reached record high in 2025 of 16.83 cases, which is an 81% increase since 2020
Chlamydia	<ul style="list-style-type: none">Genital chlamydia (CT) rate declined by 43% from peak in 2019, reaching 191.75 cases per 100,000 population in 2025Extra-genital CT reached record high in 2023, then fell 26% to 4.53 cases per 100,000 population in 2025
Syphilis	<ul style="list-style-type: none">308,865 testing episodes in 2025; a 2.9% increase compared to 2024Congenital syphilis declined slightly in 2025, compared to 2024 but remains a public health concern with 22 congenital cases and 50 maternal cases reported in 2025Infectious syphilis cases declined for second consecutive year after peak in 2023
HIV	<ul style="list-style-type: none">New HIV diagnoses decreased slightly overall in 2025Non-prenatal HIV testing counts similar between 2024 and 2025
Hepatitis C	<ul style="list-style-type: none">Continued its long-term downward trend in reported cases of both chronic and acute infections

Gonorrhea



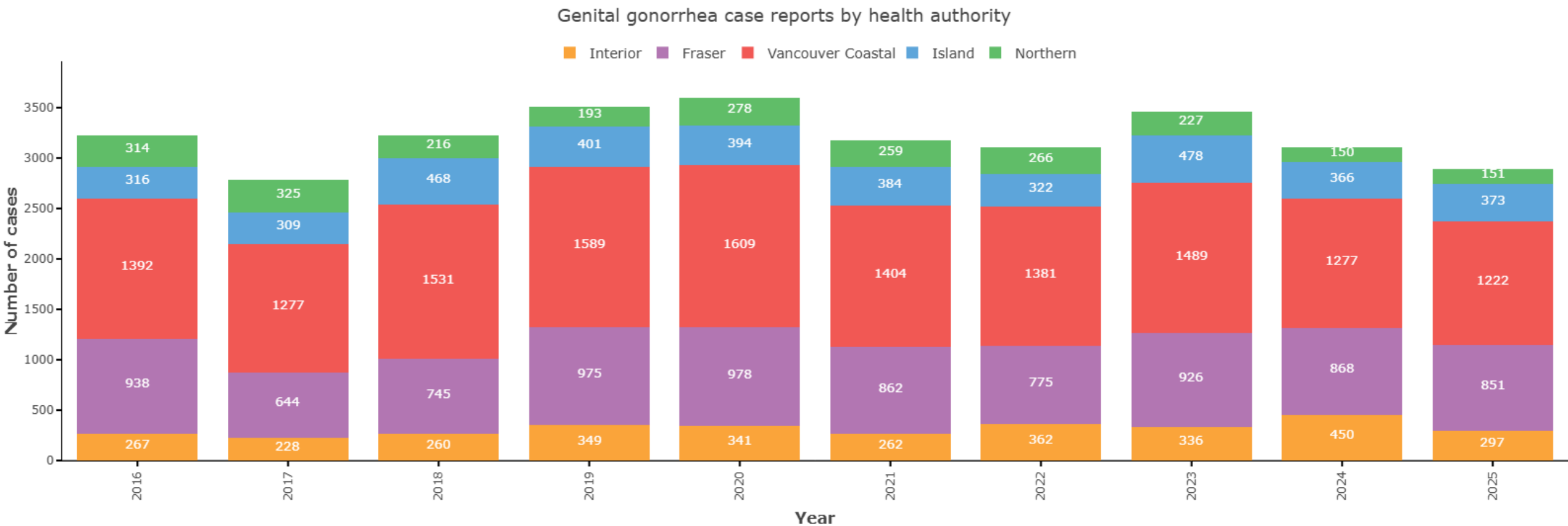
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Case rate: Gonorrhea (genital), by RHA



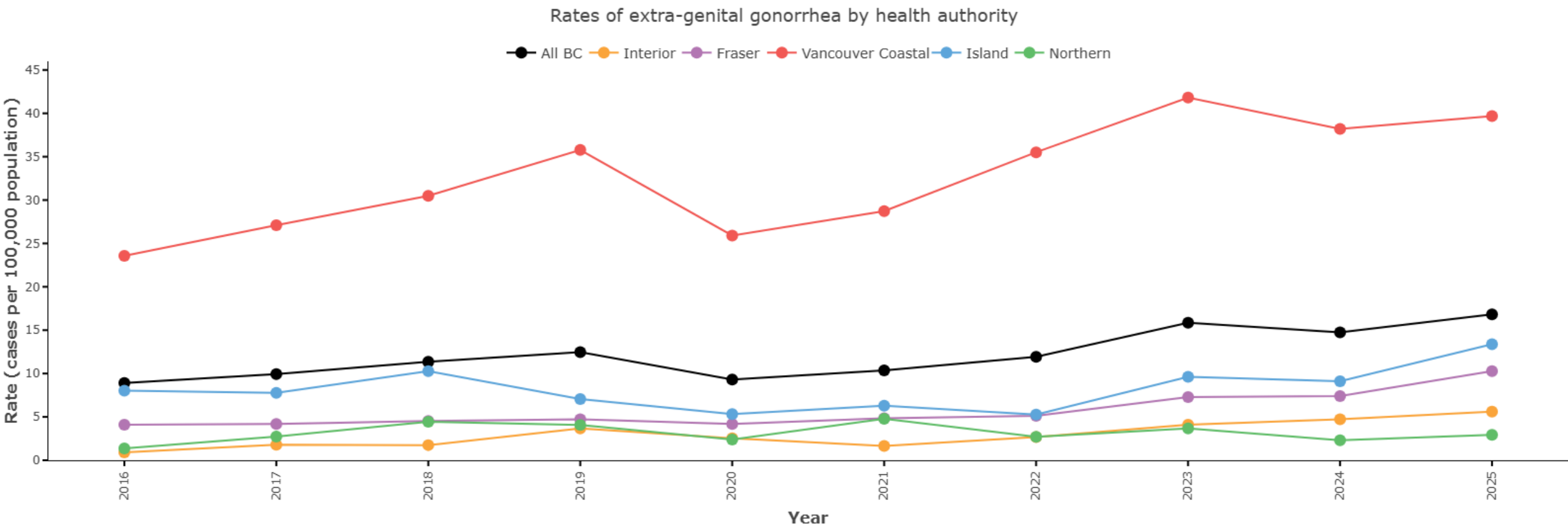
Preliminary data and subject to change
See technical appendix (data notes) for additional information

Case count: Gonorrhea (genital), by RHA



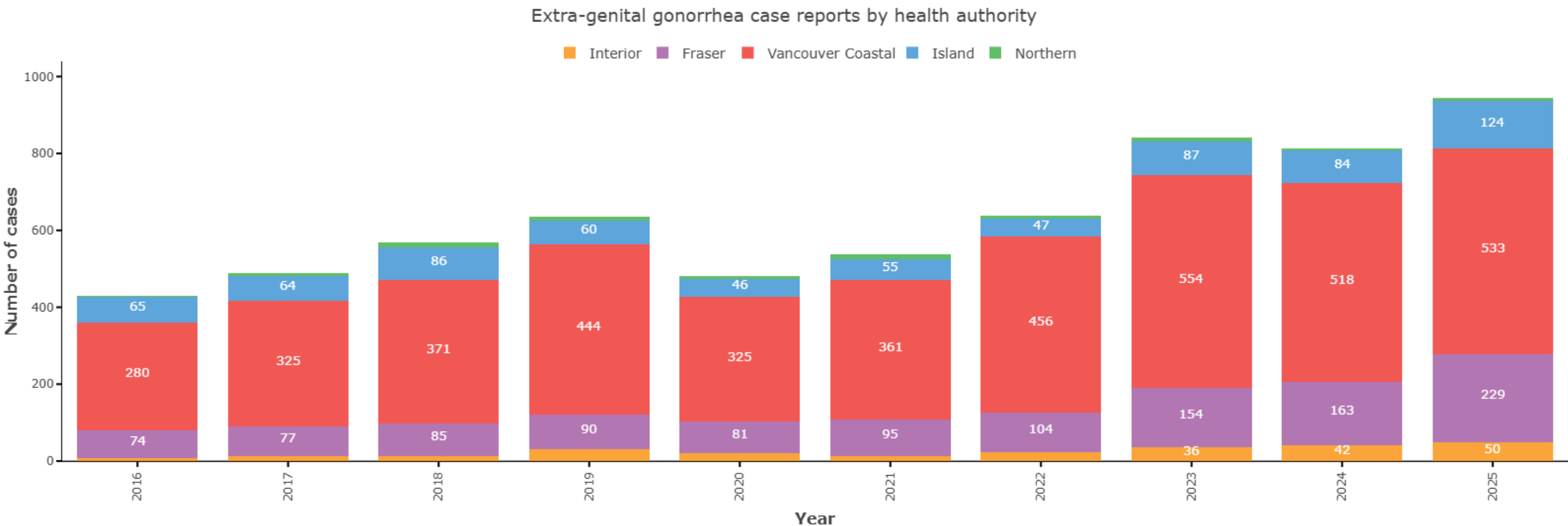
Preliminary data and subject to change
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Case rate: Gonorrhea (extra-genital), by RHA



Preliminary data and subject to change
See technical appendix (data notes) for additional information

Case count: Gonorrhea (extra-genital), by RHA



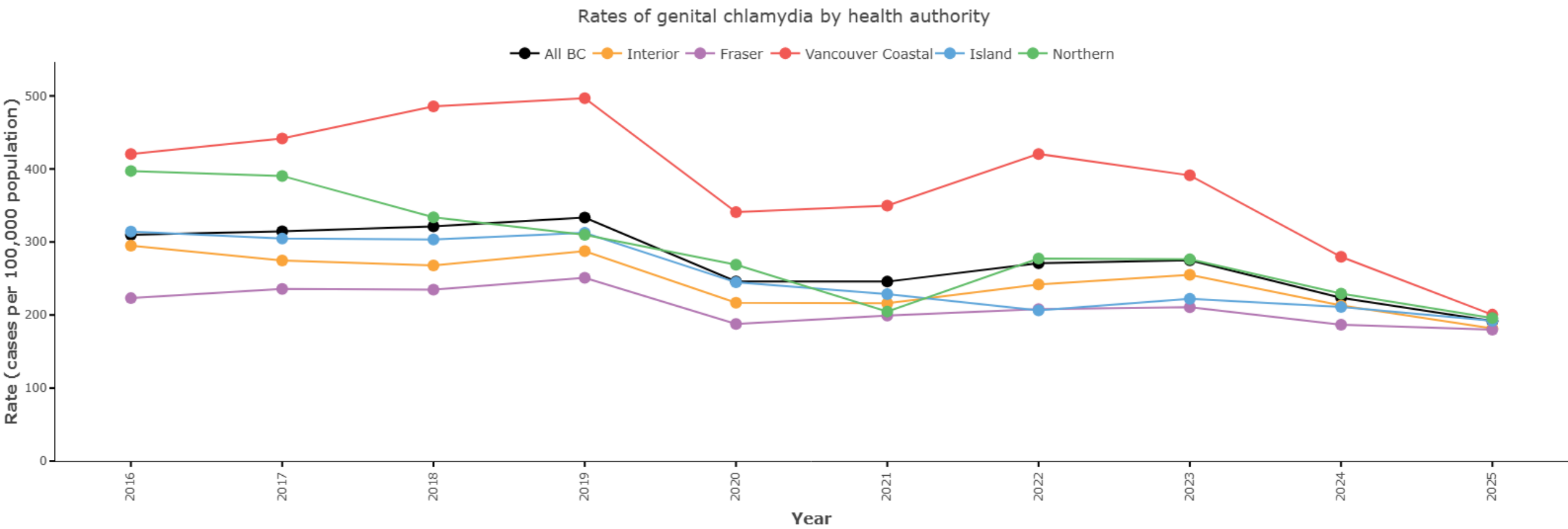
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Chlamydia



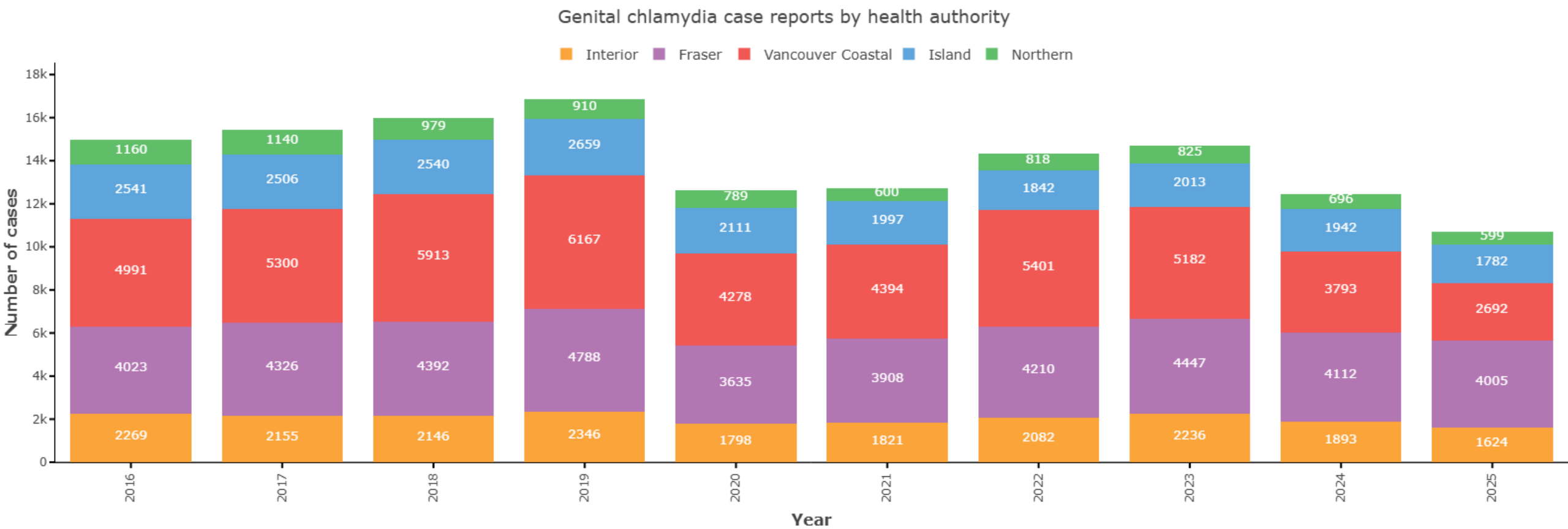
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Case rate: Chlamydia (genital), by RHA



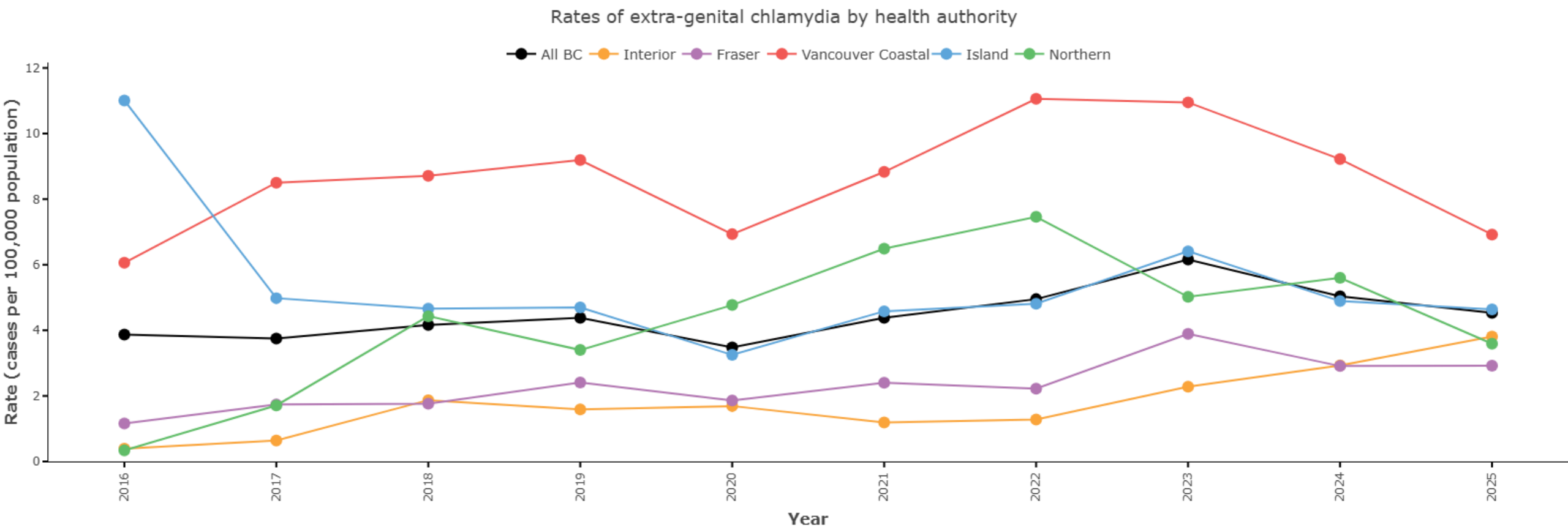
Preliminary data and subject to change
See technical appendix (data notes) for additional information

Case count: Chlamydia (genital), by RHA



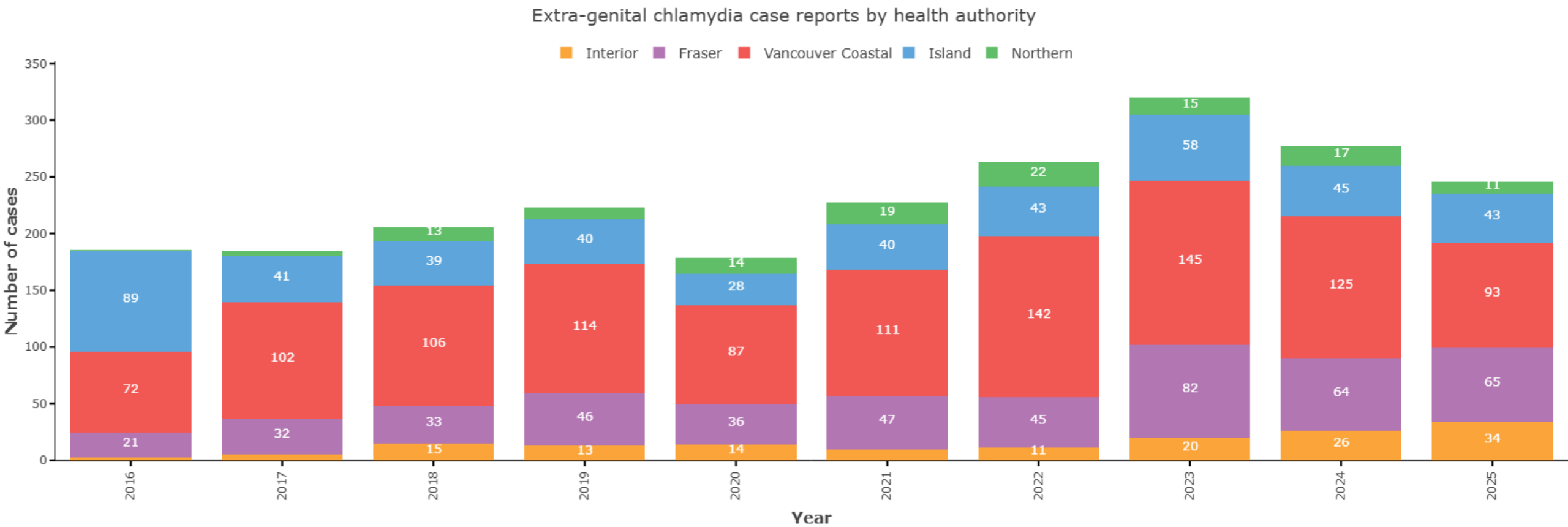
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Case rate: Chlamydia (extra-genital), by RHA



Preliminary data and subject to change
See technical appendix (data notes) for additional information

Case count: Chlamydia (extra-genital), by RHA



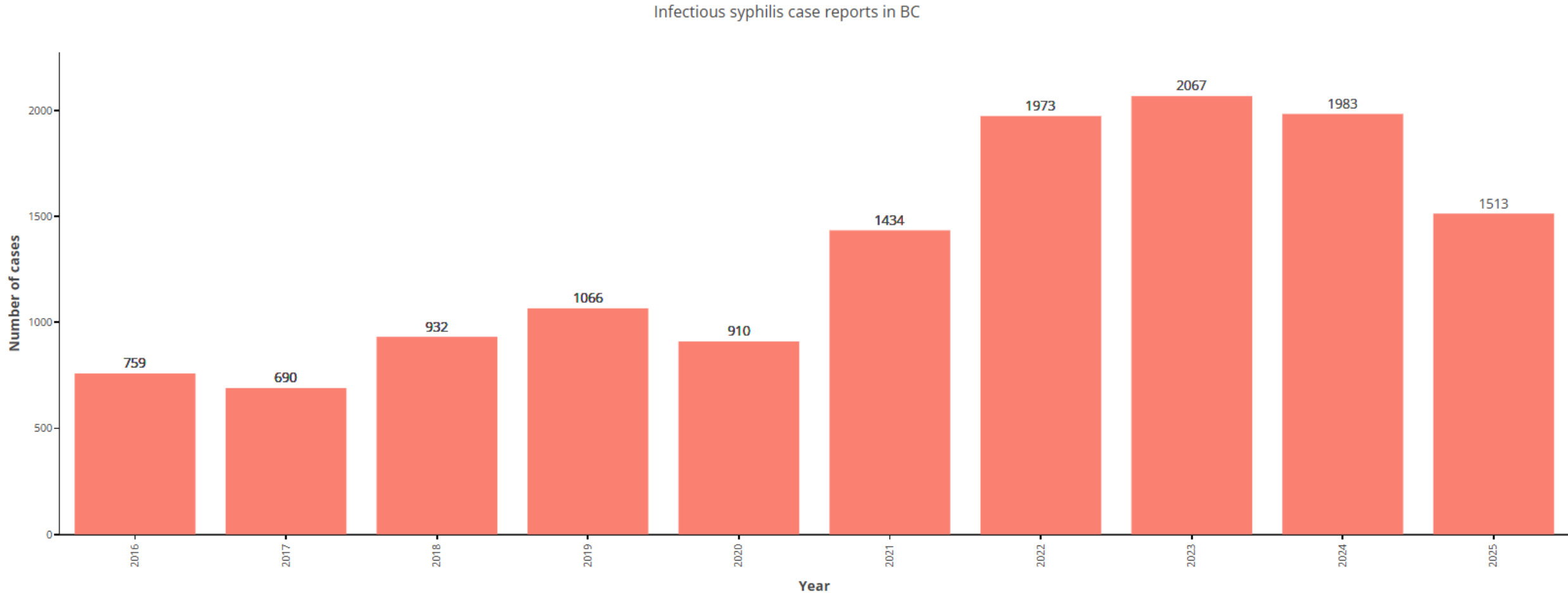
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Syphilis

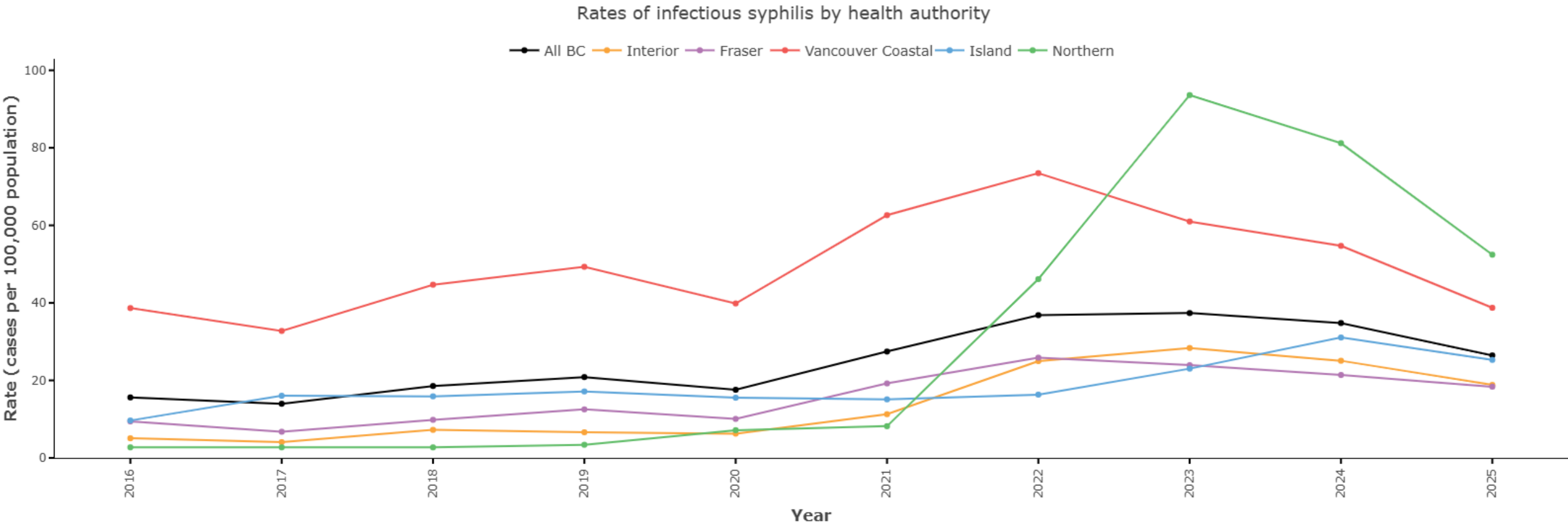


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Case count: Infectious Syphilis (*total*)



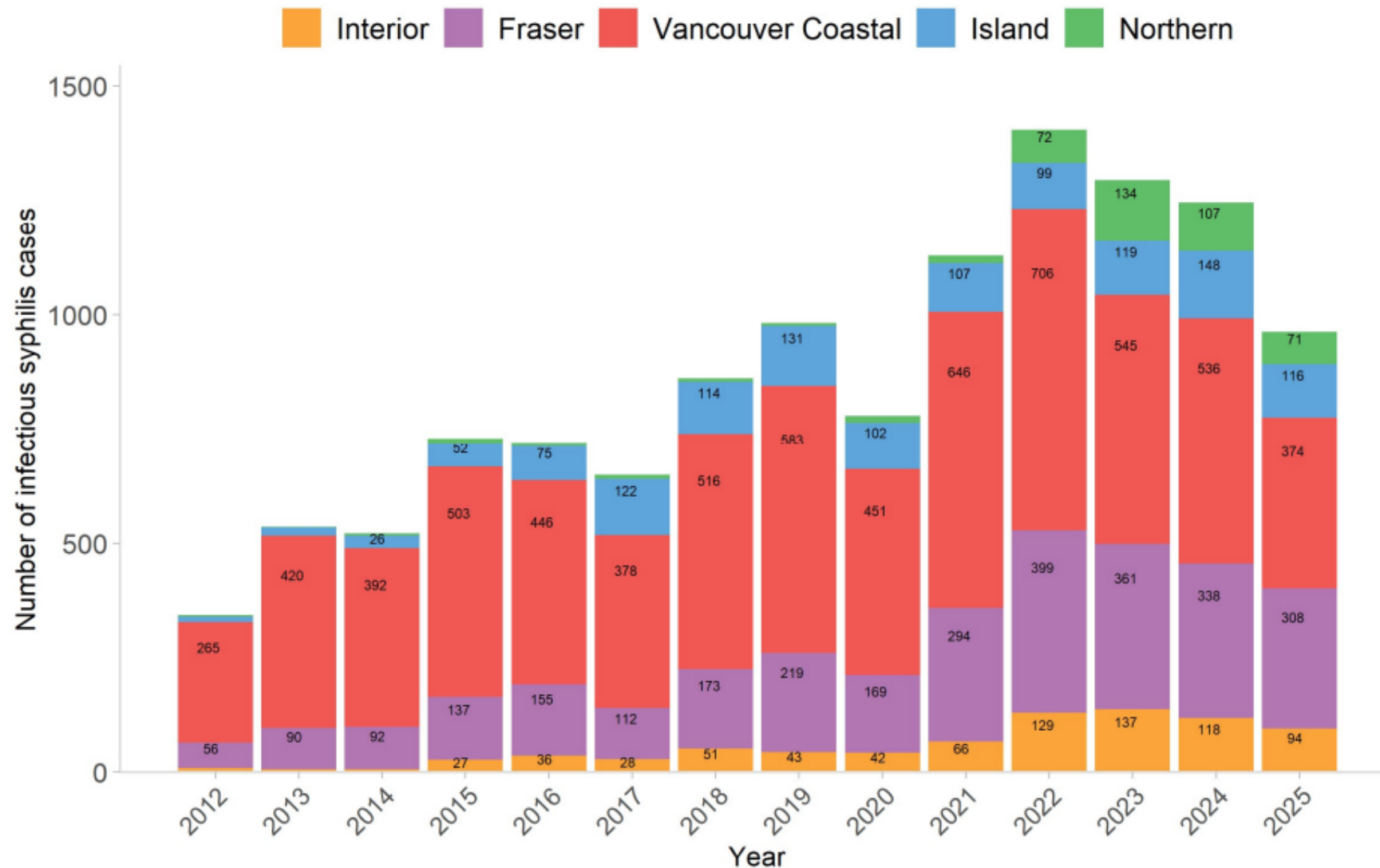
Case rate: Infectious Syphilis, by RHA



Preliminary data and subject to change
See technical appendix (data notes) for additional information

Case count: Male Infectious Syphilis, by RHA

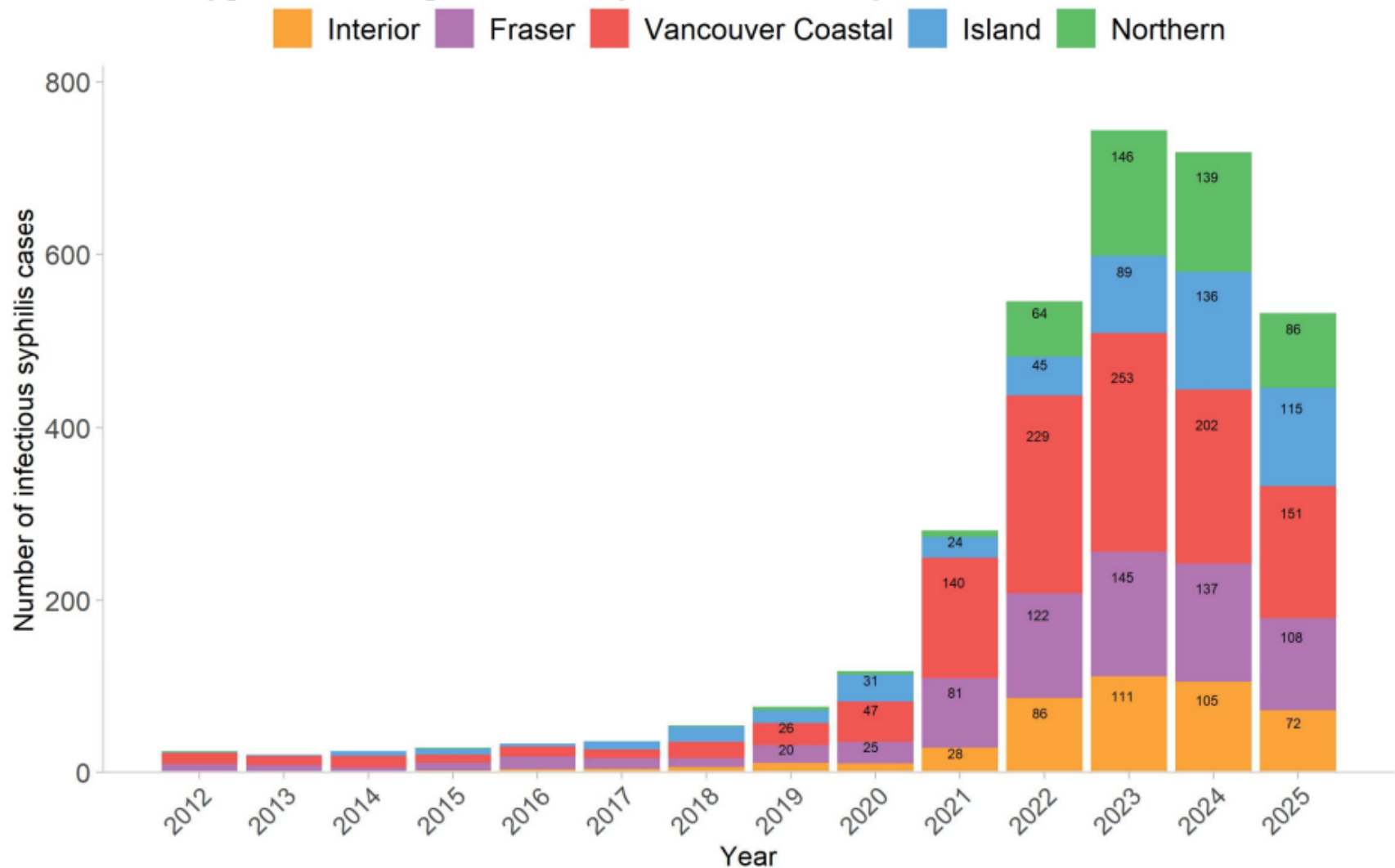
4. Infectious syphilis case reports in BC by health authority 2012-2025 - Male



Note: Excludes missing and unknown geography. Counts are shown for case counts ≥ 20 .

Case count: Female Infectious Syphilis, by RHA

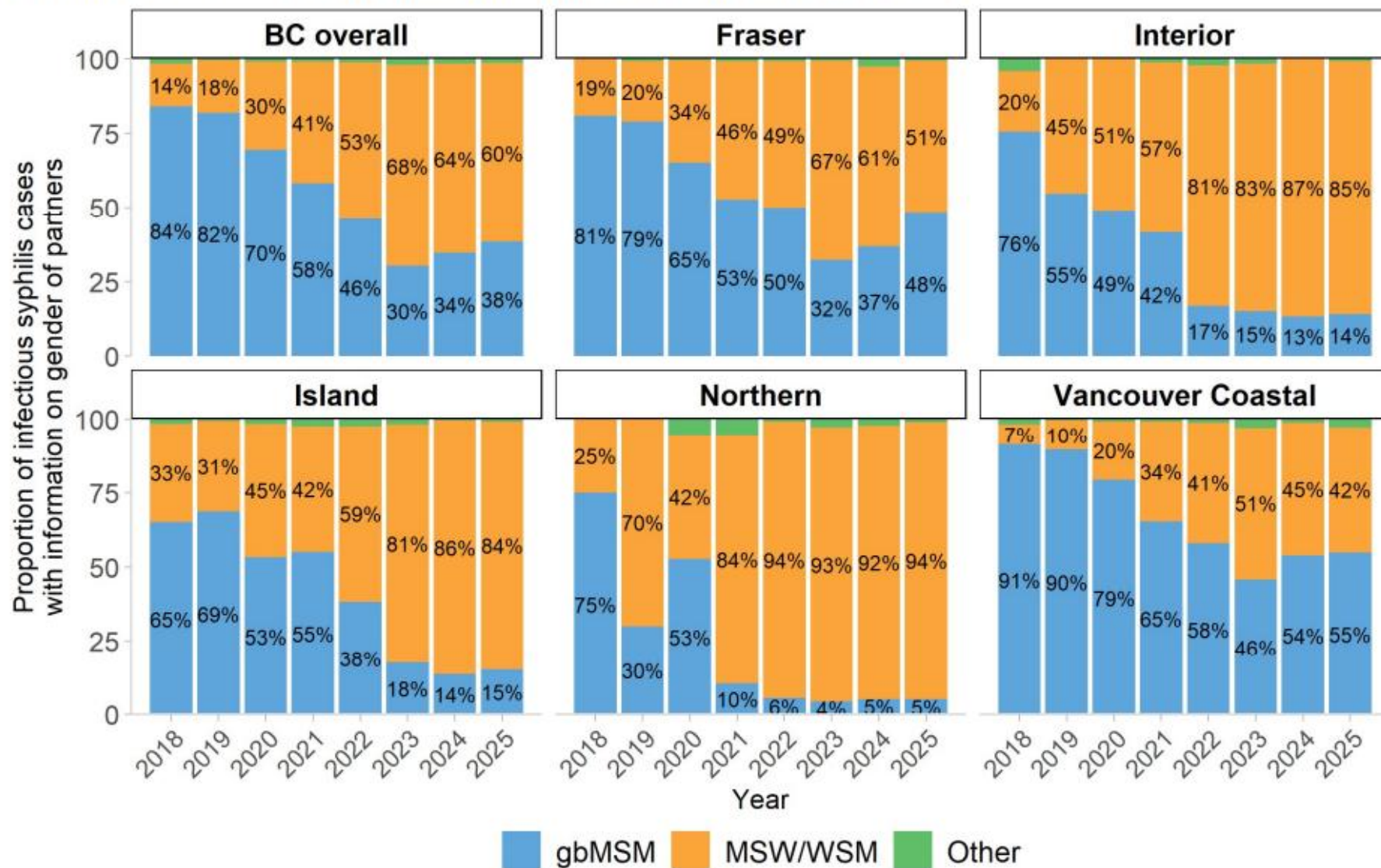
3. Infectious syphilis case reports in BC by health authority 2012-2025 - Female



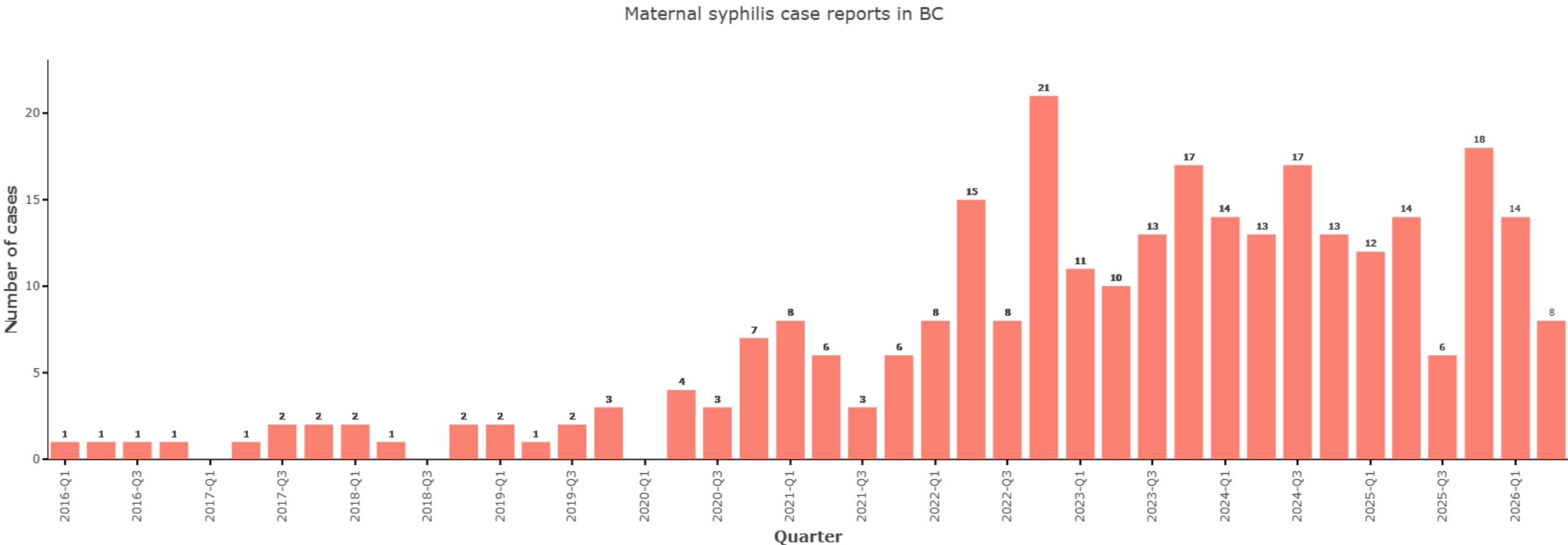
Note: Excludes missing and unknown geography. Counts are shown for case counts ≥ 20 .

Infectious Syphilis case reports by gender of partner

7. Proportion of infectious syphilis case reports by aggregated gender of sexual partner categories for BC overall and by health authority, 2018 to 2025

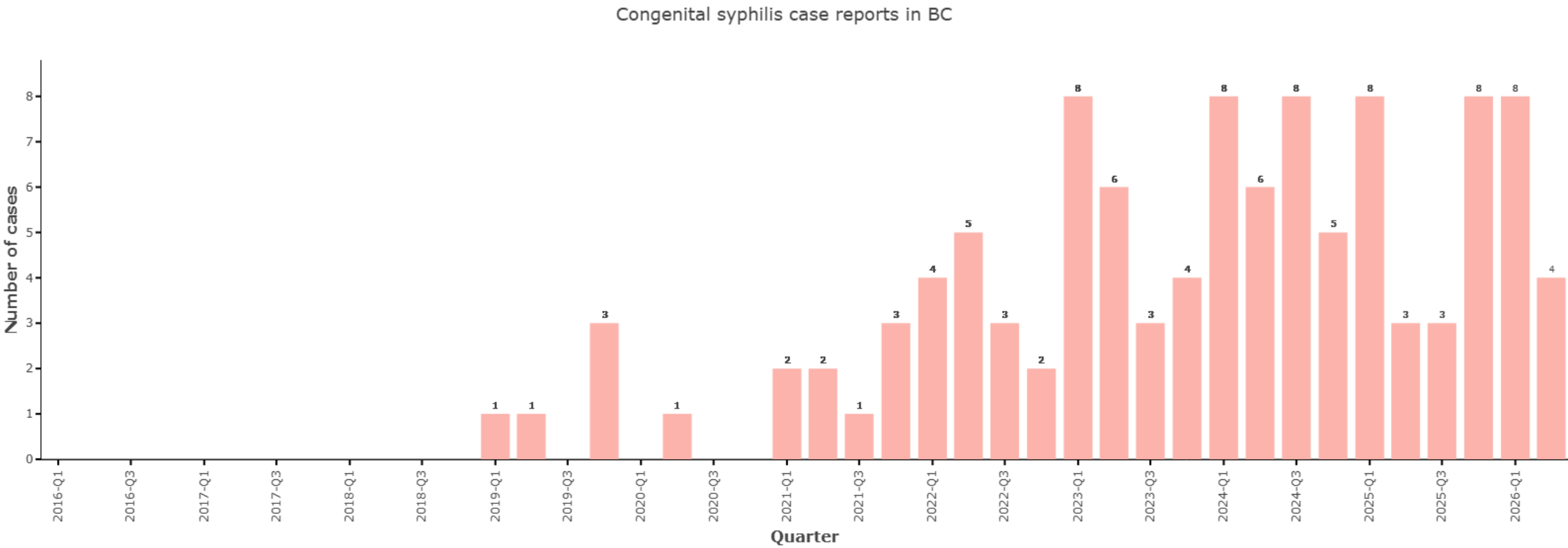


Case count: Maternal Syphilis *(total per quarter)*



Preliminary data and subject to change
See technical appendix (data notes) for additional information

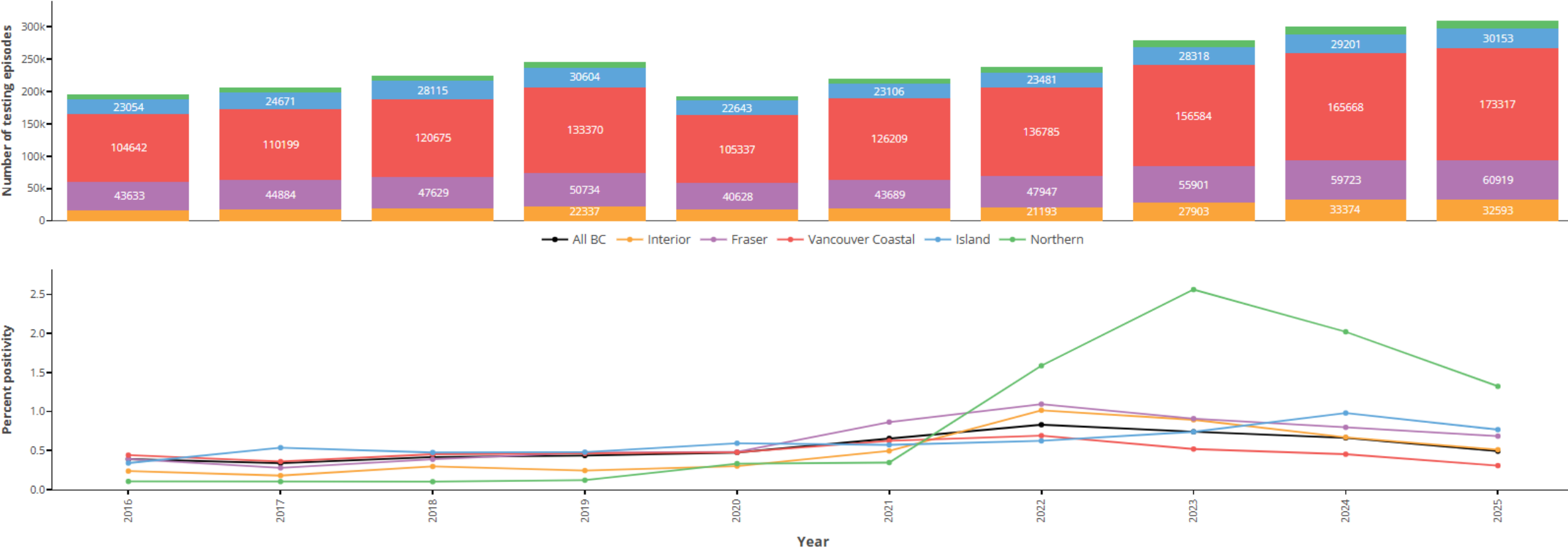
Case count: Congenital Syphilis *(total per quarter)*



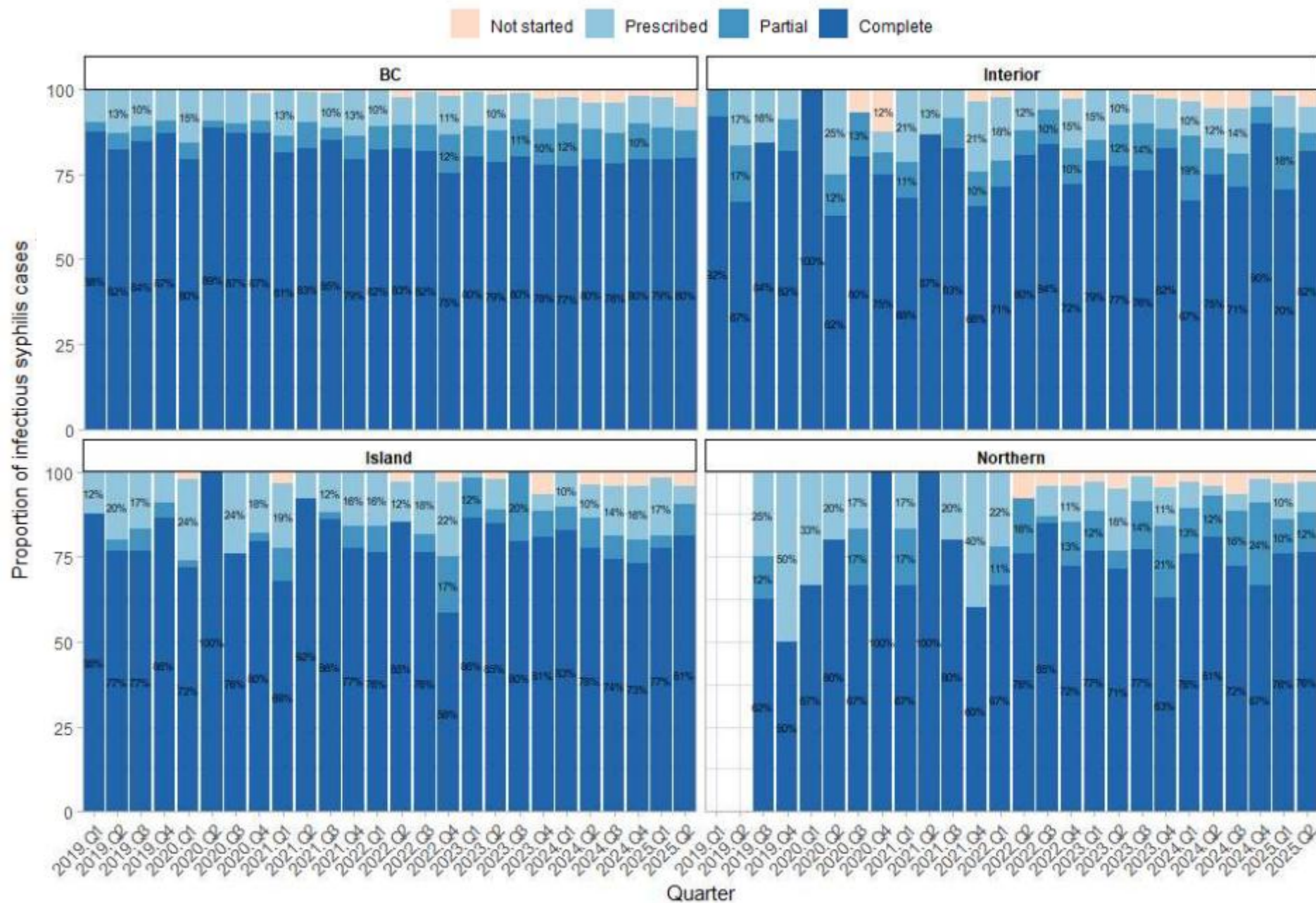
Preliminary data and subject to change
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Testing: Non-prenatal Syphilis, by RHA

Infectious syphilis non-prenatal testing episodes and percent positivity by health authority in BC



Treatment completion for infectious Syphilis

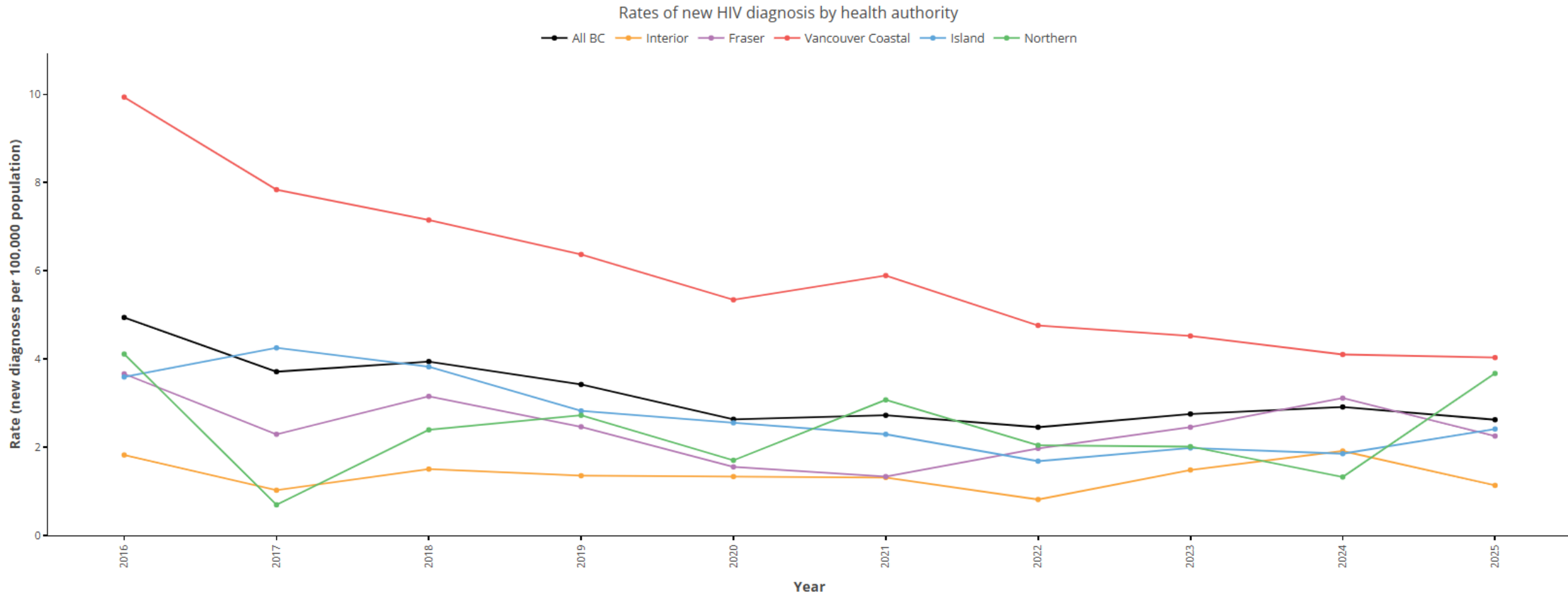


HIV

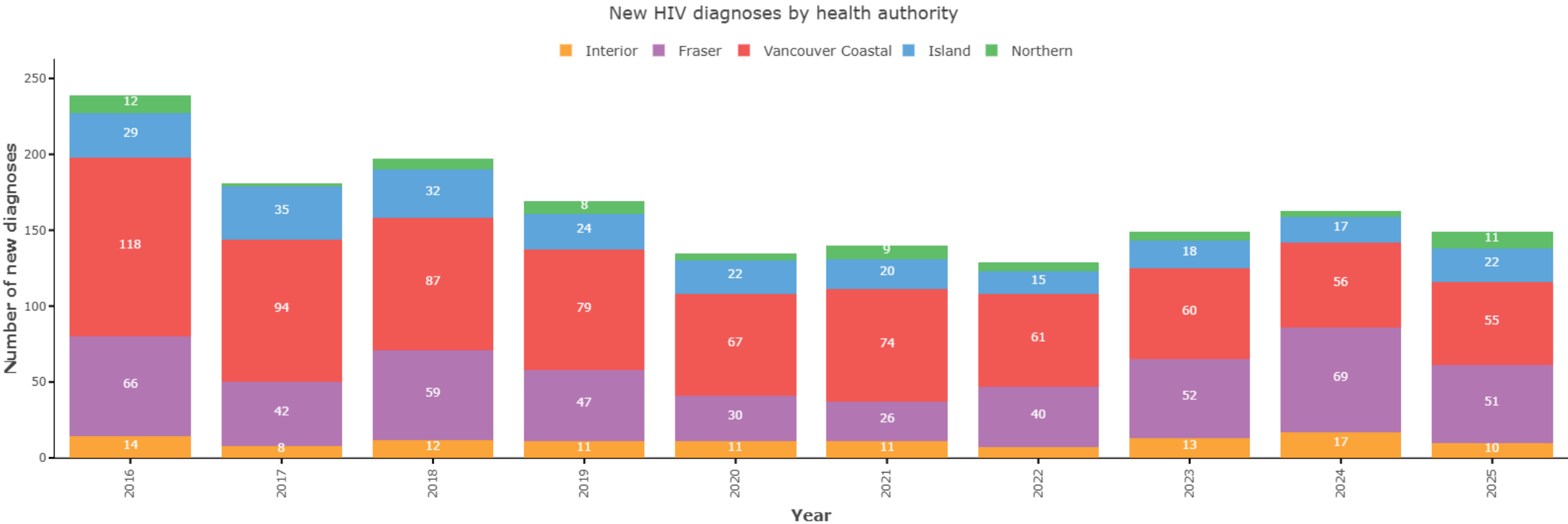


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Case rate: HIV, by RHA



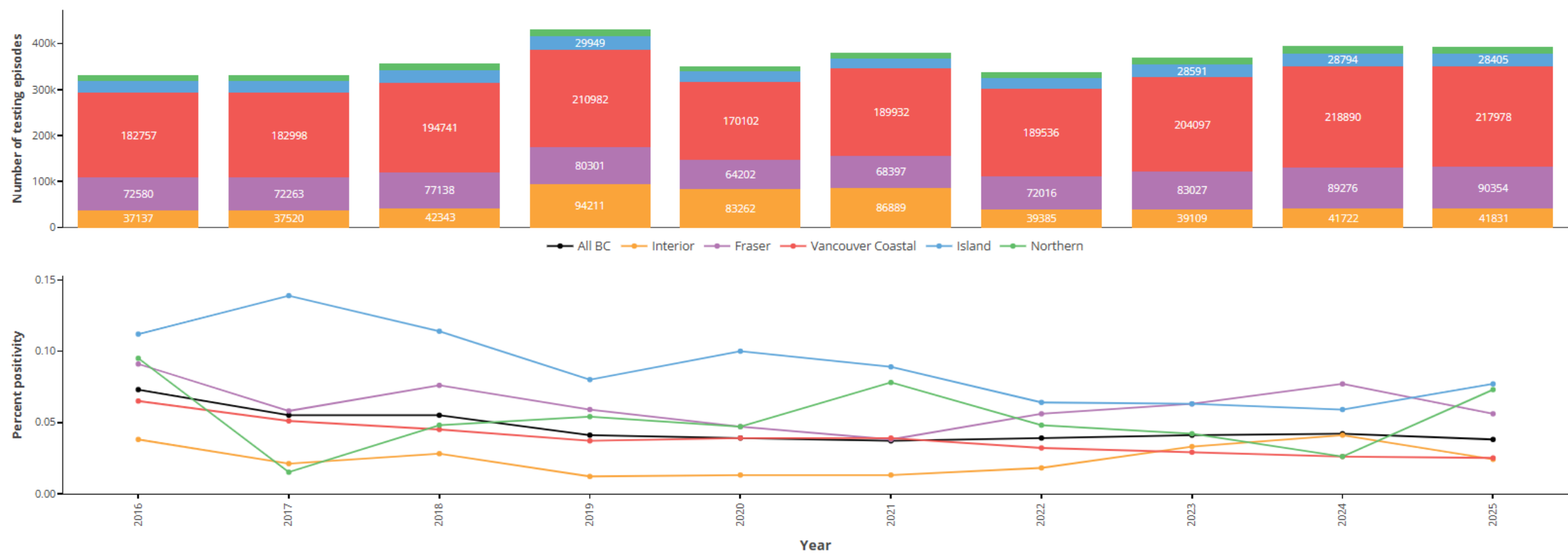
Case count: HIV, by RHA



Preliminary data and subject to change
See technical appendix (data notes) for additional information

Testing: Non-prenatal HIV, by RHA

HIV non-prenatal testing episodes and percent positivity by health authority in BC



Trends in new HIV cases and HIV treatment enrolment in BC

Time period	Years	New HIV cases reported ¹	Art-naïve new HIV treatment enrollees ²	Art-experienced new HIV treatment enrollees ²	Total new HIV treatment enrollees
1	2017-2020	692	720	614	1334
2	2021-2024	591	581	899	1480

- **Fewer new HIV cases reported** (15% decrease) in period 2, while new HIV treatment enrolments increased (11%).
 - Increase is driven by **more ART-experienced people enrolling in the drug treatment program**; enrolments of ART-naïve people declined during the same period.
- BC’s population grew by 10%, alongside a sharp rise in international migration during period 2.
 - This may partially explain the increase in ART-experience enrollees.
- Changes in reported cases do not necessarily reflect changes in HIV transmission.

References

1. BCCDC STBBI and TB Report https://bccdc.shinyapps.io/stbbi_tb_surveillance_report/ Accessed May 2026

2. Toy, J. "Evolving Profile of New HIV Treatment Program Enrollees in BC". October 10, 2025 BC-CfE Update – Fall 2025 <https://bccfe.ca/video/evolving-profile-of-new-hiv-treatment-program-enrollees-in-bc/> Accessed May 2026

3. BC Stats, Population Estimates & Projections for British Columbia <https://bcstats.shinyapps.io/popApp/> Accessed May 2026

Targets for 'ending AIDS as a public health threat by 2030'

- Canada committed to meeting global targets for the coverage of HIV testing and treatment aimed at 'ending AIDS as a public health threat by 2030'
- Milestones towards achieving these targets have been set for 2025 ('fast track') and 2030, known as the '95-95-95 targets', which are **based off the HIV care cascade**:

95% of people living with HIV **diagnosed (target 1)**

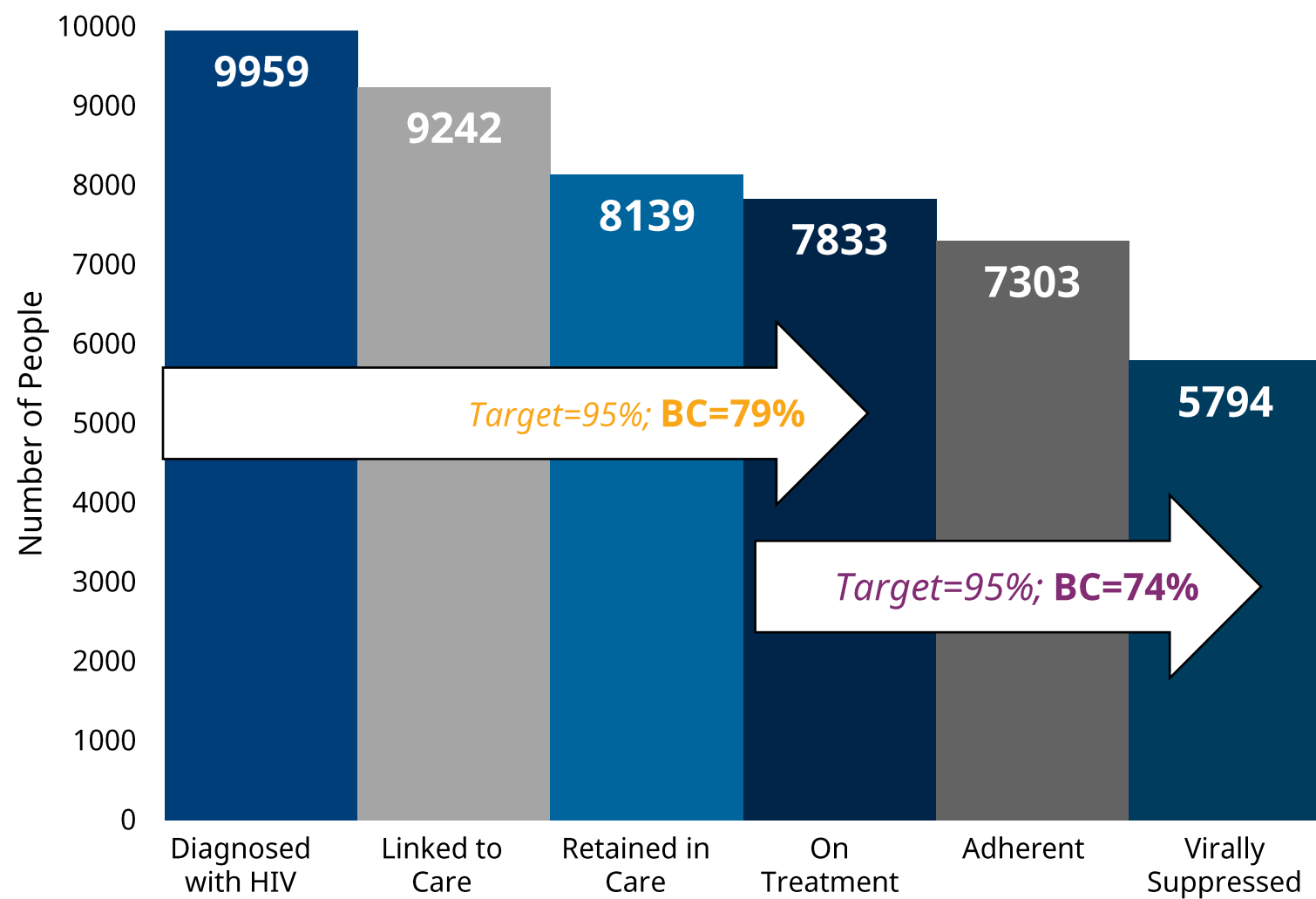
95% of people diagnosed with HIV **starting treatment (target 2)**

95% of people on treatment **virally suppressed (target 3)**

References

1. https://www.unaids.org/en/resources/documents/2022/political-declaration_summary-10-targets, accessed February 14, 2025
2. https://www.unaids.org/sites/default/files/media_asset/progress-towards-95-95-95_en.pdf, accessed February 14, 2025
3. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/sexually-transmitted-blood-borne-infections-action-plan-2024-2030.html>, accessed February 14, 2025

HIV care cascade in BC, 2024 Q2



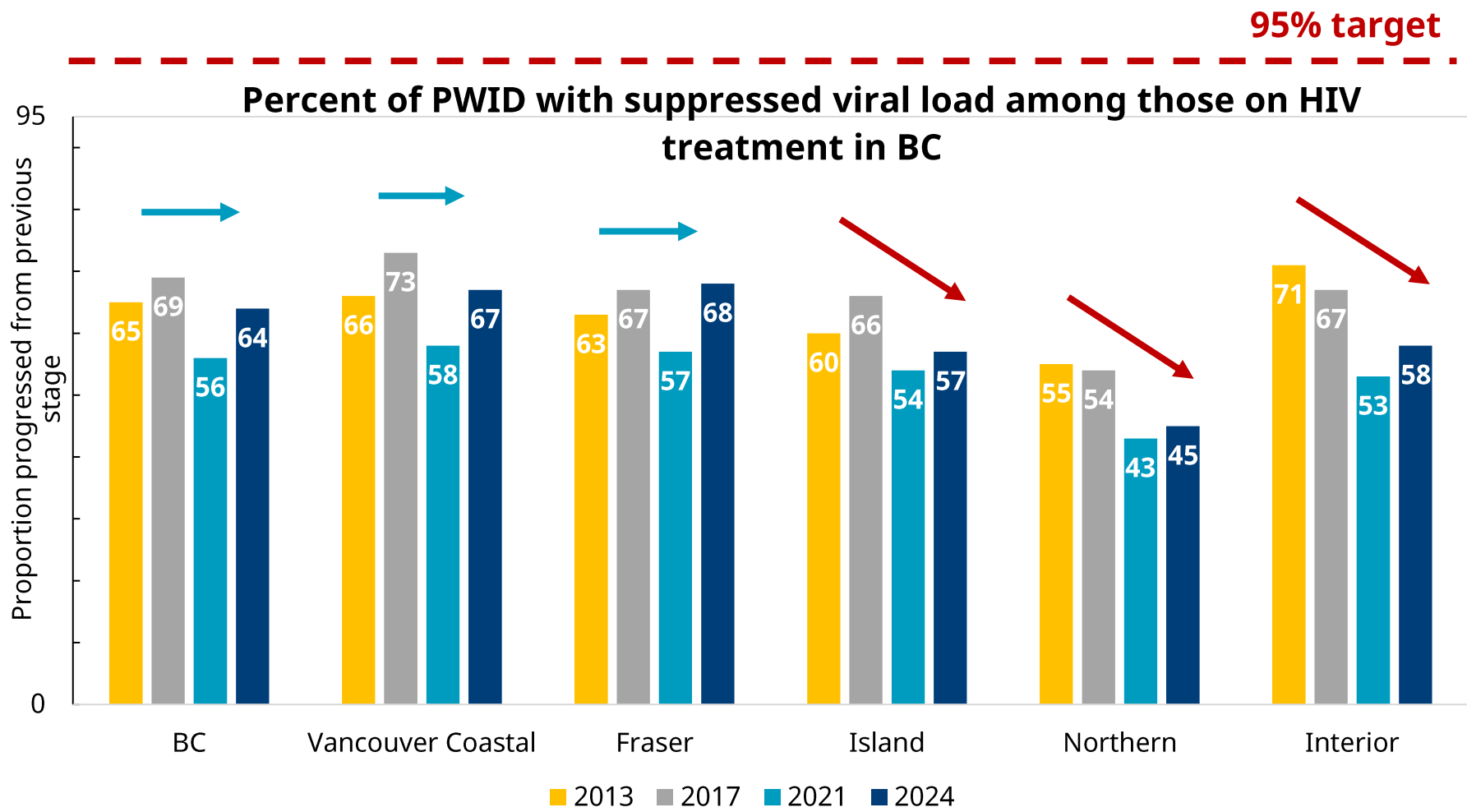
- Small increase in proportion of people diagnosed with HIV who are on treatment from 2020 to 2024 -> from 72% to 79%
- Slight improvement in viral suppression from 2020 to 2024 -> 67% to 74%

References:

1. BCCfE HIV Monitoring Semi-Annual Reports for British Columbia. Available at: <https://stophivaid.ca/data-monitoring/> accessed February 14, 2025.

Gaps in HIV care experienced by PWID in BC have WORSENE

during the last decade in 3 out of 5 regions



Comparing the proportion of PWID who were virally suppressed for the same quarter (Q4) from 2013-2024, this indicator is worsening in three health regions, and stagnant overall.

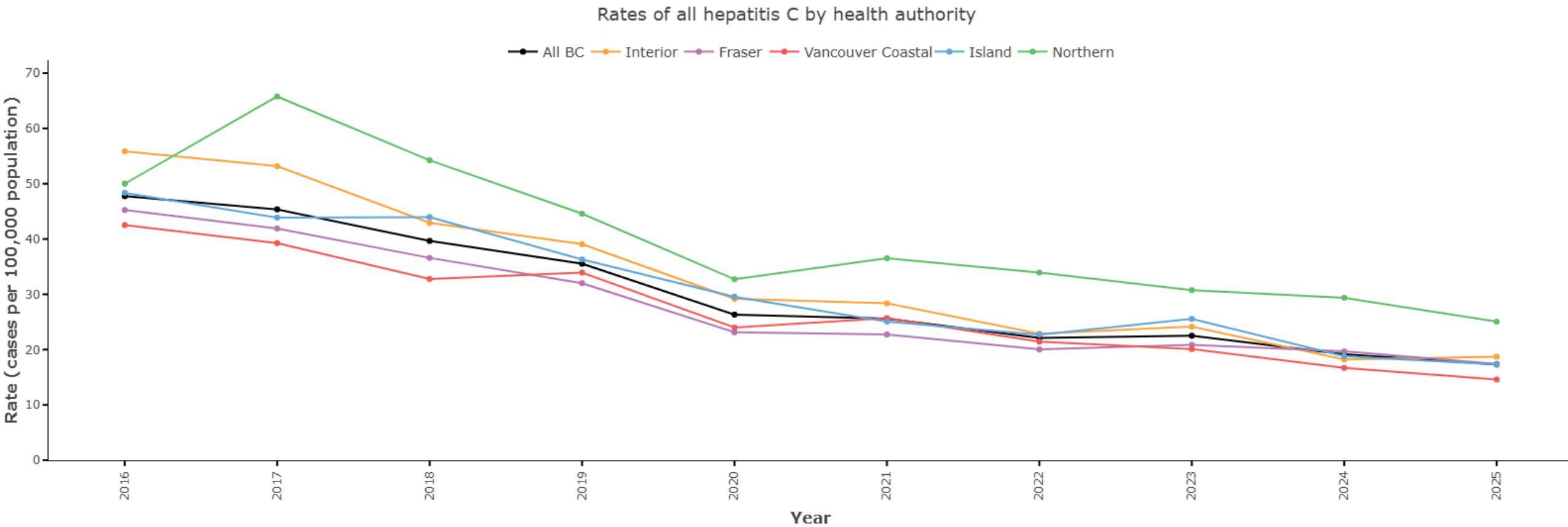
References
1. BCCfE HIV Monitoring Semi-Annual Report, Second Quarter for 2024, 2021, 2017, & 2013 for BC, VCH, FHA, IH, NH, & IHA. Available at: <https://stophivaid.ca/data-monitoring/>, accessed February 14, 2025.

Hepatitis C



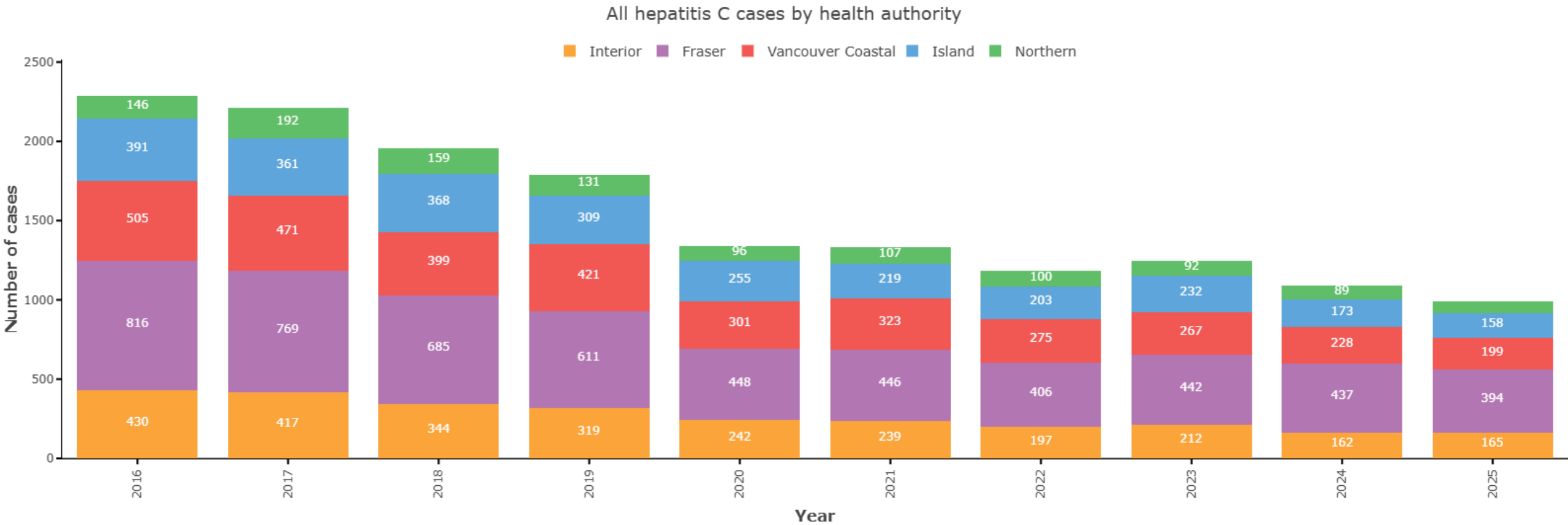
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Case rate: Hepatitis C, by RHA



Preliminary data and subject to change
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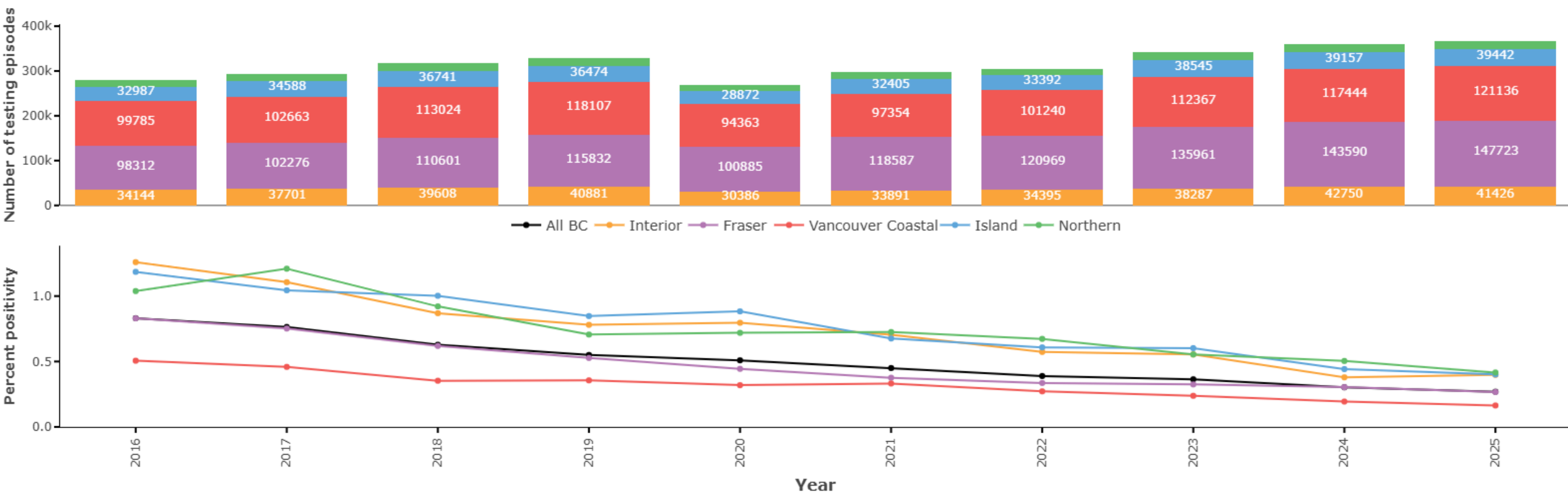
Case count: Hepatitis C, by RHA



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Testing: HCV antibody, by RHA

HCV antibody testing episodes and percent positivity by health authority in BC



Preliminary data and subject to change
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Hepatitis C care cascade

Steps in the hepatitis C cascade

1. Antibody tested & positive (diagnosed)

2. RNA tested

3. RNA positive

4. Started antiviral treatment

5. Assessed for Sustained Virologic Response (SVR; post-treatment RNA test)

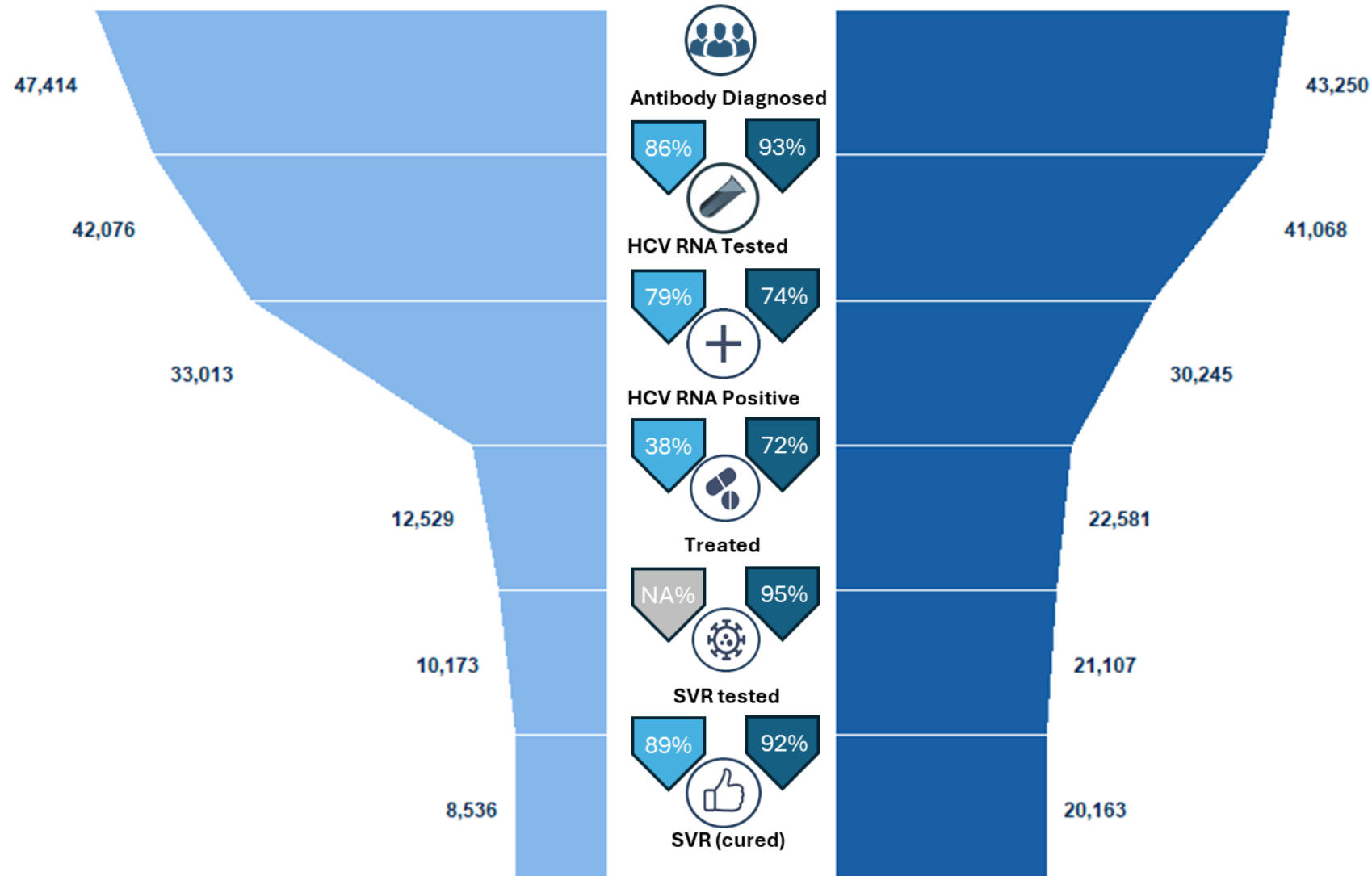
6. Achieved SVR (cured = RNA negative)

- Province-wide snapshot of hepatitis C care at a certain time point.
- Created by bringing together laboratory test results and health records for everyone in the province to count how many people have been tested and diagnosed with hepatitis C and which stage of the care pathway they have reached.
- Records used for the care cascade only show what was documented in health data, so does not include people who are undiagnosed.
- The care cascade can help identify gaps in care but cannot explain people's experiences or barriers to care.

Hepatitis C care cascade in BC

2015

2025

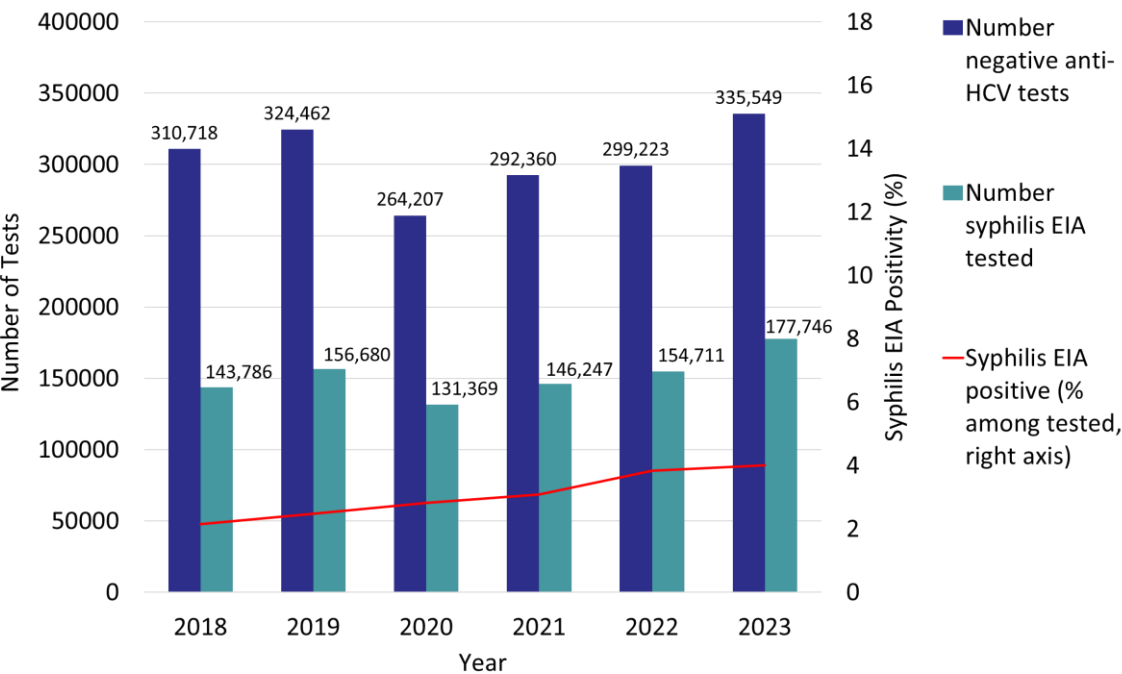


Growing syndemic of hep C & syphilis

Total of 1,915,998 anti-HCV tests performed in BC from 2018-2023

1,826,519 (96%) **anti-HCV negative**

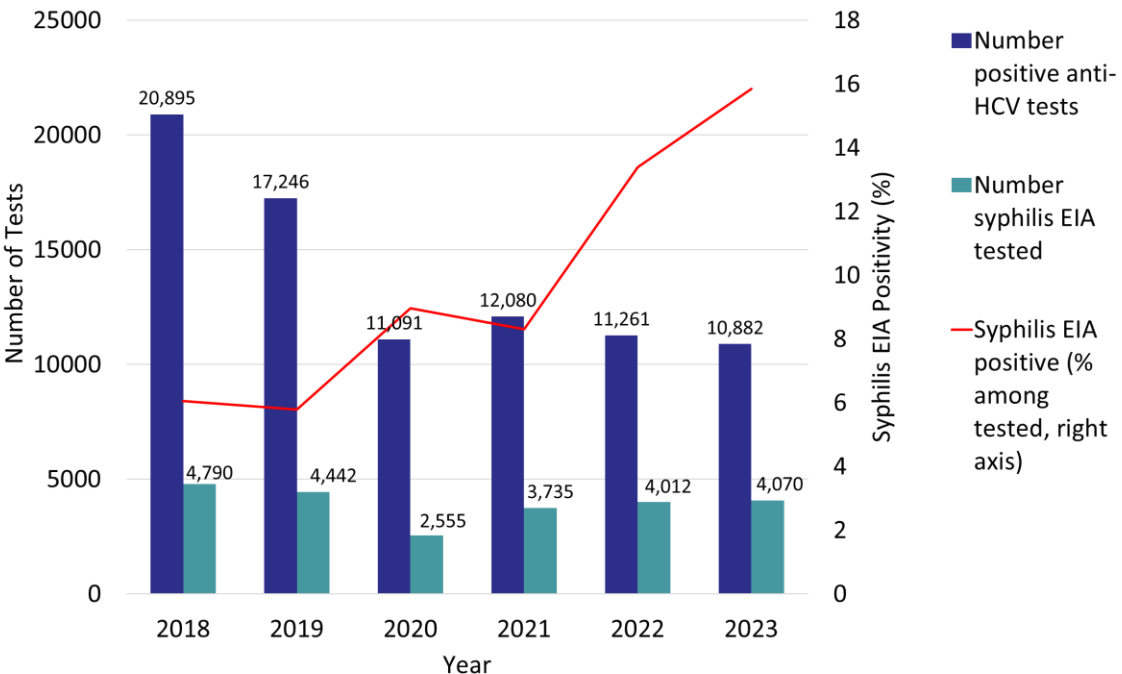
Syphilis EIA screening on the same day as a **NEGATIVE** hepatitis C antibody test in British Columbia, 2018-2023



Overall: 50% screened for syphilis on same day → 3% EIA positive

84,276 (4%) **anti-HCV positive**

Syphilis EIA screening on the same day as a **POSITIVE** hepatitis C antibody test in British Columbia, 2018-2023



Overall: 29% screened for syphilis on same day → 9% EIA positive

Take aways & key messages

- **Reported cases are declining for some infections, but important concerns remain.** Extra-genital gonorrhea is increasing, and congenital syphilis continues to affect families across BC.
- **Progress varies by infection, region, and population.** Provincial trends can hide local increases and unequal access to testing and care.
- **Getting diagnosed is only one step.** Gaps remain in HIV care and in the hepatitis C pathway from diagnosis through treatment and cure.
- **Some communities face greater barriers and worse outcomes.** Inequities are different depending on the infection, care gap, community and region affected.
- **Public health services and care that is accessible, respectful, and responsive to people's lives** can turn negative trends around and drive positive outcomes very rapidly.



Explore and learn about BC First Nations' languages: <https://www.firstvoices.com/languages>